

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> PUBLIC SAFETY FIRST - NO ON PROP. 19, A PROJECT OF CALIFORNIA PUBLIC SAFETY FIRST			<b>Date of This Filing</b> <u>10/06/2010</u>	Date Stamp       Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)473-4298	I.D. NUMBER (if applicable) 1326337	<b>Report No.</b> <u>1</u>			
STREET ADDRESS		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>			
CITY SACRAMENTO	STATE CA	ZIP CODE 95814	<b>No. of Pages</b> <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2010	CALIF. ASSOCIATION OF HIGHWAY PATROLMEN PAC Sacramento, CA 95818  ID# 802001	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00
10/05/2010	HENSEL PHELPS CONSTRUCTION CO., STE 13 Sacramento, CA 95605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
10/05/2010	TINA JOHNSON Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARINE SERVICES SELF-TINA JOHNSON	\$1,000.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> SACRAMENTO	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 2		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: